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|--|--------------------|-----------------------------------|---|------------------------------|-----------|--|--------------------|
| Well Construction Report WISCONSIN UNIQUE WELL NUMBER | | | | Form 3300-077A | | | |
| Property Owner | | | Phone # | | | | |
| Mailing Address | | | | | | | |
| City | | State | | Zip Code | | | |
| County | | Co. Permit # | Notification # | | Completed | | |
| Well Constructor (Business Name) | | | Lic. # | Facility ID # (Public Wells) | | | |
| Address | | | Well Plan Approval # | | | | |
| | | | Approval Date (mm-dd-yyyy) | | | | |
| Hicap Permanent Well # | | Common Well # | | Specific Capacity | | | |
| 3. Well serves # of | | | Hicap Well ? Hicap Property ? Hicap Potable ? | | | | |
| Heat Exchange ____ # of drillholes | | | Construction Type | | | | |
| 4. Potential Contamination Sources - ON REVERSE SIDE | | | | | | | |
| 5. Drillhole Dimensions and Construction Method | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;"> Upper Enlarged Drillhole Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary Cable-tool Bit ____ in. dia... Dual Rotary Temp. Outer Casing ____ in. dia Removed? ____ depth ft. (If NO explain on back side) </td> <td style="width: 50%; border: 1px solid black; padding: 5px;"> Lower Open Bedrock </td> </tr> </table> | | | | | | Upper Enlarged Drillhole Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary Cable-tool Bit ____ in. dia... Dual Rotary Temp. Outer Casing ____ in. dia Removed? ____ depth ft. (If NO explain on back side) | Lower Open Bedrock |
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| 8. Geology | | | | | | | |
| 6. Casing, Liner, Screen | | | | | | | |
| Dia. (in.) | | Screen type, material & slot size | | From (ft.) To (ft.) | | | |
| 7. Grout or Other Sealing Material | | | | | | | |
| Method | | | | | | | |
| 9. Static Water Level | | | | | | | |
| ____ ft. ____ ground surface | | | | | | | |
| 10. Pump Test | | | | | | | |
| Pumping level ____ ft. below surface Pumping at ____ GP for ____ Hrs. Pumping Method ? | | | | | | | |
| 11. Well Is | | | | | | | |
| ____ in. ____ Grade Developed ? Disinfected ? Capped ? | | | | | | | |
| 12. Notified Owner of need to fill & seal ? | | | | | | | |
| Filled & Sealed Well(s) as needed? | | | | | | | |
| 13. Constructor / Supervisory Driller | | | | | | | |
| | | Lic # | | Date Signed | | | |
| Drill Rig Operator | | | | | | | |
| | | Lic or Reg # | | Date Signed | | | |

WISCONSIN UNIQUE WELL NUMBER

Error: Subreport could not be shown.

Comment:

Water Quality Text:

Water Quantity Text:

Difficulty Text:

Created On:

Created by:

Updated On:

Updated by: